JUN 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

20732

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4914

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 120 Elwood St. ..... Ward)

2. FULL NAME Fred G. Luther

(a) Residence, No. 120 Elwood St., 1 Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Luther

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 18, 1859

7. AGE: YEARS 77 MONTHS 3 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: R. R. Hatchman
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Christian Lutheran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: (Unknown) Raby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Rose Luther 120 Elwood

18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Trinity Luth DATE: 5-6 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand

20. FILED MAY 5 - 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-4, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1936, to May 3, 1936. I last saw him alive on May 3, 1936. Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

Bronchio Pneumonia — Date of onset 4/20/36

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Eades, M. D.

(Address) 7310 Michigan

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Eddy
7310 Michigan

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